

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF NEW YORK BUFFALO DIVISION		PROOF OF CLAIM
Name of Debtor: Michael P Dipota		Case Number: 10-13166-MJK
<p><i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Household Finance Realty Corporation of New York		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Household Finance Realty Corporation of New York P. O. Box 829009 Dallas, Texas 75382-9009		Court Claim Number: 4-1 (If known) Filed on: 11/8/2010
Name and address where payment should be sent (if different from above): Household Finance Realty Corporation of New York 636 Grand Regency Road Brandon, Florida 33510 Telephone Number: (800) 679-9896		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$117,099.53 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim.
2. Basis for Claim: Money Loaned (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: XXXXXXXXXX0850 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: _____ Describe: 1430 Forbes St, N. Tonawanda, New York 14120 Value of Property: not available Annual Interest Rate: _____ Amount of arrearage and other charges as of time case filed included in secured claim, _____ if any: \$23,347.71 Basis for perfection: Recordation of Lien Amount of Secured Claim: \$117,099.53 Amount Unsecured \$0.00		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: January 27, 2011	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Lawrence J. Buckley as Creditor's Authorized Agent 972.643.6600	
		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
 2250-N-9598

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF NEW YORK
BUFFALO DIVISION

IN RE:

MICHAEL P DIPOTA
MARY P DIPOTA

§
§ CASE NO. 10-13166-MJK
§
§ CHAPTER 13
§
§ JUDGE MICHAEL J. KAPLAN

EXHIBIT A

ITEMIZATION OF AMENDED CLAIM AND SUMMARY OF SUPPORTING
DOCUMENTS FOR CLAIM OF HOUSEHOLD FINANCE REALTY CORPORATION OF NEW YORK
REGARDING CERTAIN COLLATERAL DESCRIBED AS:
1430 FORBES ST, N. TONAWANDA, NEW YORK 14120

SECTION 1. ITEMIZATION OF CLAIM

1.	Total Debt (As of July 20, 2010)	\$117,099.53
2.	Interest rate as of July 20, 2010	7.73%
3.	Detail of arrearage: (through July 20, 2010)	
	1 partial payment June 2010 through June 2010 @ \$356.00 each:	\$356.00
	Daily Simple Interest Due	\$0.00
	** PRE-PETITION ATTORNEY FEES AND COSTS	\$0.00
	** PRIOR BANKRUPTCY FEES AND COSTS	\$0.00
	** POST-PETITION BANKRUPTCY FEES AND COSTS	(\$0.00)
	** OTHER CHARGES	
	Funds Advanced for Delinquent Taxes	\$22,991.71
	Niagra County – 2008-2010 \$2,925.07	
	City of North Tonawanda – 2007 \$7,385.65	
	City of North Tonawanda – 2008-2010 \$12,680.99	

TOTAL ARREARAGE **\$23,347.71**

First post-petition monthly payment amount: \$882.88. The monthly payment amount may change due to interest rate adjustments, if applicable.

File Number 2250-N-9598 / poc Trustee Albert J. Mogavero

UNITED STATES BANKRUPTCY COURT Western District of New York		PROOF OF CLAIM
Name of Debtor: Michael P DiPota Mary P DiPota		Case Number: 1-10-13166-MJK
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <u>5</u> (If known) Filed on: _____
Cedarcrest Fund LP PO Box 830669 Arsenal Station San Antonio, TX 78283 <u>21-22812220</u>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above):		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().
Telephone number:		
1. Amount of Claim as of Date Case Filed: <u>\$ 7357.</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		Amount entitled to priority: \$ <u>7357</u> *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>Tax lien, unpaid 2007 taxes</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ <u>DK</u> Annual Interest Rate <u>10</u> % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>7357.</u> Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: <u>2/25/10</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>GP of Cedarcrest Fund LP</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

MAR 9 - 2011 13166-MJK

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Doc 38-1 Filed 03/21/11 Entered 03/22/11 11:06:18 Desc
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DEC 27 2010

BANKRUPTCY COURT
U.S. DISTRICT COURT
WESTERN DISTRICT OF NEW YORK